

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

527 -62-006649  
STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

DATE

TIME

FILED FEB 28 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in 1b

7 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

General Hospital

Side Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

admission)

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

514 1/2 Main St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Robert CHRISTOPHER Paasch

## 4. DATE OF DEATH

Month

Day

Year

18 62

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-28-85

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroads

## 11. BIRTHPLACE (City and state or country)

Iowa

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Christopher Paasch

## 13b. MOTHER'S MAIDEN NAME

Annie Meyer

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

[REDACTED]

## INFORMANT

3 C. Mo. General Hospital Records: Jackson County Welfare

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

bronchogenic carcinoma with metastasis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

s.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 12-5-61 to 1-19-62 and last saw him alive on 1-18-62  
Death occurred at 11:40 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

(Degree of)

## 22b. ADDRESS

2400 Cherry

## 22c. DATE SIGNED

1-19-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

ANATOMICAL

## 23b. DATE

1-30-62

## 23c. NAME OF CEMETERY OR CREMATORY

UNIVERSITY OF KANSAS CITY SCHOOL OF DENTISTRY

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

WEILERT'S: 2332 MONITOR PLACE, K.C., Mo.

## 25. DATE RECD. BY LOCAL REG.

1-29-62

## 26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MD

MEDICAL CERTIFICATION

E. FRANK ELLIS

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4075

P. O. Address K.C. 8 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.